

Case Number:	CM13-0058320		
Date Assigned:	12/30/2013	Date of Injury:	02/24/2012
Decision Date:	07/29/2014	UR Denial Date:	10/18/2013
Priority:	Standard	Application Received:	10/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Orthopedic Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

This is a 35-year-old female injured on 2/24/12. The records for review include a 12/21/12 progress report indicating a diagnosis of bilateral foot pain, particularly at the right sub fourth metatarsal area. There was documentation of tenderness over the metatarsal to palpation. It stated that the individual had recently been treated with metatarsal pads as well as orthotics. This resulted in discomfort and no significant improvement in pain complaints. It stated that she also received injections to the foot. At that time, a wheelchair for six months of use was recommended for further care. A recent physical examination dated 11/13/13 described sub second metatarsalgia with plantar strain and partial tearing at the left second metatarsophalangeal joint. A platelet-rich plasma injection was provided to the claimant's second metatarsophalangeal joint at that time. There is no documentation of recent imaging. There is an appeal for denial of a previous wheelchair request dated December 2012.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective review for six month rental of a wheel chair (DOS 12/2012): Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-- Official

Disability Guidelines Treatment in Worker's Comp , 18th Edition, 2013 Updates: knee procedure
Wheelchair.

Decision rationale: Based on Official Disability Guidelines criteria as California MTUS Guidelines are silent, a wheelchair for six months use would not be indicated. Wheelchairs are only recommended, if indicated, in the setting of inability to ambulate due to musculoskeletal orthopedic condition. In this individual who is with a diagnosis of chronic metatarsalgia, there would be no indication as to why weight bearing activities or use of a wheelchair or ambulatory device would be indicated. There is no indication of acute clinical findings that would support the six month use of a wheelchair for the current listed diagnosis. The specific request in this case would not be supported as necessary.